# **10/586966**IAP11 Rec'd PCT/PTO 25 JUL 2006

### Application Data Sheet

Application Information

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0

Title:: AUDIO HEADPHONE

Attorney Docket Number:: 0573-1041

Request for Early No

Publication?::

Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 3
Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

| Applicant : | Informa | tion |
|-------------|---------|------|
|-------------|---------|------|

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MATTHIEU

Middle Name::

Family Name:: GARIN

Name Suffix::

City of Residence:: PARIS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 75 RUE RÉAUMUR

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75002

Correspondence Information

Correspondence Customer 00466

Number::

#### Representative Information

| Representative Customer | 00466 |
|-------------------------|-------|
| Number::                |       |

#### Domestic Priority Information

| Application::    | Continuity        | Parent            | Parent Filing |
|------------------|-------------------|-------------------|---------------|
|                  | Type::            | Application::     | Date::        |
| This application | National Stage of | PCT/FR2005/000164 | 1/26/05       |
|                  |                   |                   |               |

## Foreign Priority Information

| Country:: | Application | Filing Date:: | Priority  |
|-----------|-------------|---------------|-----------|
|           | Number::    |               | Claimed:: |
| FRANCE    | 04 00815    | 1/29/04       | Yes       |
|           |             |               |           |

## Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::